



EMPLOYMENT APPLICATION

5 Industrial Park Drive ▪ P.O. Box 29 ▪ Winchester, Indiana 47394

765-584-8509 ▪ Fax: 765-584-8060

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Section 1

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____

Section 2

BACKGROUND INFORMATION

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

DRIVER APPLICANTS ONLY

The U.S. Department of Transportation requires that **driver applicants** state their date of birth (§391.21(b)(2)). _____ month/day/year

Section 3

Applicant Name _____ Date of Application _____
(print) First Middle Last

Current Address _____ Phone () _____
Street

City, State, Zip _____ Email _____

	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you ever filed an application with us before?		
Have you ever been employed with us before?		
Do any of your friends or relatives (other than spouse) work here?		
Are you currently employed?		
Are you currently on "lay-off" status and subject to recall?		
May we contact your present employer?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)		
Can you travel if a job requires it?		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Section 4

Which of the following positions are you applying for?

Labor _____ Mechanic _____ Office _____ Operator _____ Service Technician _____ Truck Driver _____

How did you hear about us? _____

Date available for work _____ What is your desired salary range? _____

Section 5

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Section 6

EMPLOYMENT EXPERIENCE

Start with your present and/or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

1.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
*Were you subject to the FMCSRs while employed? _____ Yes _____ No				
*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No				

2.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
*Were you subject to the FMCSRs while employed? ____ Yes ____ No				
*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No				
3.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
*Were you subject to the FMCSRs while employed? ____ Yes ____ No				
*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No				
4.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
*Were you subject to the FMCSRs while employed? ____ Yes ____ No				
*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ADDITIONAL INFORMATION (Summarize special job-related skills and qualifications acquired from employment or other experience.)

State any additional information you feel may be helpful to us in considering your application.

Section 7 – If you are NOT applying for an office/clerical position, go to Section 8.

OFFICE/CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office/clerical work _____

Indicate knowledge and/or experience in the following (Rate your ability on a scale of 0-5, with 0 being no experience):

Accounting (Ledgers)		Calculator	
Clerical		Computers	
Copy Machine		Microsoft EXCEL	
Filing		Microsoft PUBLISHER	
Keyboarding/Typing		Microsoft WORD	
Photo Editing			

Section 8 – If you are NOT applying for a mechanic’s position, go to Section 9.

MECHANIC/MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Indicate knowledge and/or experience in the following (Rate your ability on a scale of 0-5, with 0 being no experience):

Drive Line Components		Body Work	
Diesel Engine Tune-up and Rebuild		Electrical Repair	
Gas Engine tune-up and Rebuild		Frame and Wheel Alignment	
Tire Service		Brakes	
Trailer Repair		Cooling System	
Air conditioning (Cab)		Inspections (State/Federal)	
Refrigeration (Cargo)		General Car Repair	

Diagnostic Equipment (Type(s))		Tire Servicing	
Sheet Metal Equipment		Wheel & Tire Balancing Machine	
Frame & Axle Straightening Equipment		Engine Analyzer	
Engine Rebuilding		Electrical Welder	
Paint Spray Gun		Oxyacetylene Welder	
ASE Certifications (s) (Specify)			

Section 9 - If you do NOT possess a Commercial Driver's License (CDL), go to Section 10.

DRIVER EXPERIENCE & QUALIFICATION

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date	
Have you ever been denied a license, permit of privilege to operate a motor vehicle?					Yes	No
Has any license, permit or privilege ever been suspended or revoked?						

If you answered "yes" to either question, please give details here:

List the states operated in during the past 5 years: _____

ACCIDENT RECORD for past 3 years

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____				
Next Previous _____				
Next Previous _____				

TRAFFIC CONVICTIONS & FORFEITURES for past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

Section 10

APPLICANT'S STATEMENT

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

This application for employment shall be considered active for a period of six months. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**VOLUNTARY SELF IDENTIFICATION
OF GENDER, RACE/ETHNICITY
AND VETERAN FORM**



PRINT NAME

SIGNATURE

DATE

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, please mark only one box below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- I understand the reason for this request for voluntary self-identification as stated above and choose to decline.
- I understand the reason for this request for voluntary self-identification as stated above and choose to complete this form.

What is your gender? Please mark one. Male Female

What is your race/ethnicity? Please mark one. A person having origins in any of the original peoples of:

- Hispanic or Latino:** Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Caucasian:** White Europe, Middle East, or North Africa
- Black or African American:** Black racial groups of Africa
- Asian:** Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Native Hawaiian or Other Pacific Islander:** Hawaii, Guam, Samoa, or other Pacific Islands
- American Indian or Alaska Native:** North and South America (including Central America), and who maintains tribal affiliation or community attachment

**VOLUNTARY SELF IDENTIFICATION
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I belong to the following classification of protected veterans (Choose all that apply):

DISABLE VETERAN

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

RECENTLY SEPARATED VETERAN

- Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service

Military Discharge Date: (MM/DD/YYYY): _____

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

- Served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense

ARMED FORCES SERVICE MEDAL VETERAN

- While serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which and Armed Forces service medal was awarded pursuant to Executive Order 12985.

I am a protected veteran, but I choose not to self-identify the classifications to which I belong

I am NOT a protected veteran